

North Carolina Department of Transportation QMS Class Application

Superpave Mix Design Certification Class

1 Enrollment Data				
Name:(Last)				
(Last)	(First)	(Mida	lle Initial)	
S.S. #:	_ (last four digits)	Certifica	tion #:	
NCDOT (Check if applicable)	Division No		(NCDOT Only)	
Non - NCDOT (Check if applicable)	Company:_			
Company Mailing Address:	(Street, Route, or Box #			
	,	,		
(City or Town)	(State)	(ZIP C	Code)	
Person Submitting Application		_ Telephone # () _		
		Fax # ()		
2 Class Registration				
Superpave Mix Design Certificati	on Class *\$100 F	ee Attached Che	eck No.	
(Date)	(Date)		(Location)	
Mark Appropriate Box: Initial Ce	rtification	Re-Certification	Re-Test	
3 Prerequisite Requirements	<u> </u>			

Approved Superpave Mix Design Class (Attach Certificate)

Send original application with NON-REFUNDABLE application fee payable to NCDOT to: NCDOT Asphalt Design Engineer, — Materials and Test Unit, 1801 Blue Ridge Rd., Raleigh, N.C. 27607. *NCDOT applicants: do not send in this fee. NCDOT fees will be handled by the M&T Unit and charged to the appropriate Division. All applications must be received seven days prior to class starting date. Approved copy of this application must be brought with student to class. Direct further inquiries to the NCDOT Materials and Tests Unit, Asphalt Lab, telephone (919) 329-4060.

Fax: (919) 733-8742